



County of San Luis Obispo
Animal Services
Attn : Licensing
P.O. Box 4110
San Luis Obispo, CA 93403-3560



Business Hours

M, T, Th, F 8-5

Wednesday 8-7

Saturday 9-4

Kennel opens at 11am Monday - Saturday

You must submit a proof of rabies vaccination with your application; licenses cannot be issued for a term exceeding the rabies expiration date. All dogs must be licensed at 4 months of age.

Dogs new to the county or undergoing a change of ownership must be licensed within 30 days.

You may license your dog at our office during normal hours of operation or by mail; make checks or money orders payable to **SAN LUIS OBISPO COUNTY ANIMAL LICENSING**. Do not send cash.

Please contact our office immediately if you have moved or no longer have your dog.

Please note - Unless you request a replacement tag, you will not receive a return mailing or new tag. Your canceled check is your receipt.

ARF Donation - 100% of ARF donations are placed into a fund which is specifically dedicated to providing Veterinary and extended humane care for homeless animals. You will find the ARF donation line in the fees section.

FOR INFORMATION

Call toll-free (866) 306-7105 or log on to www.petdata.com

San Luis Obispo Animal Services website: www.SLOAnimalServices.com

RETURN THIS PORTION WITH YOUR PAYMENT, RABIES AND ALTERATION CERTIFICATES IF REQUIRED

Name _____		Animal ID _____	Altered	1 YR	23.00 <input type="checkbox"/>	Office Use Only LICENSE TYPE 1 YEAR 3 YEAR Date Issued Rabies Exp : New : _____ Lic. Exp : New : _____ Clerk ID _____ Check # _____	
Breed _____		Color _____ Sex _____		3 YR	57.00 <input type="checkbox"/>		
2 nd Breed _____		2nd Color: _____		Senior Citizens (Over 65)	3 YR		50.00 <input type="checkbox"/>
Animals DOB : _____				Unaltered	1 YR		62.00 <input type="checkbox"/>
Phone _____		Alternate _____					
Physical Address _____ _____							
Person ID	Name _____		Replacement Tag		15.00 <input type="checkbox"/>		
	Mailing Address _____ _____		Owner Transfer		15.00 <input type="checkbox"/>		
	City, State, Zip _____ _____		Late Fee		15.00 <input type="checkbox"/>		
NO LONGER OWN PET: _____ DIED _____ GAVE AWAY _____ _____ LOST _____ MOVED OUT OF COUNTY _____			ARF Donation		_____ <input type="checkbox"/>		
			AMT ENCLOSED \$		_____.		